

**ARIZONA DEPARTMENT OF WATER RESOURCES**  
**Water Management Division**  
**3550 North Central Ave, 2<sup>nd</sup> Floor**  
**Phoenix, Arizona 85012-2105**  
**Phone (602) 771-8585 Fax (602) 771-8689**

**APPLICATION FOR GROUNDWATER  
SAVINGS FACILITY PERMIT (§ 45-812.01)**

**The initial fee for an application for a Groundwater Savings Facility Permit is \$2,000. Total fees for this application are based upon an hourly billable rate, which can be found on the ADWR web site @www.azwater.gov. If the costs of reviewing your application exceed \$2,000, you will be invoiced for the difference, up to a maximum total fee of \$65,000. Payment may be made by cash, check, or credit card (if you wish to pay by credit card, please contact the Recharge Program at 602-771-8599).**

Checks should be made payable to the Arizona Department of Water Resources. In addition to the hourly application fee, the applicant must pay any review-related costs associated with the application and the actual cost of mailing or publishing any legal notice of the application or any notice of a pre-decision administrative hearing on the application. Review-related costs are: (1) costs associated with a pre-decision hearing on the application, such as court reporter services and facility rentals for the hearing, and (2) mileage expenses for a site visit conducted before issuing a decision on the application. **Failure to enclose the initial application fee will cause the application to be returned. Fees for an application for a Groundwater Savings Facility Permit are authorized by A.R.S. § 45-871.01 and A.A.C. R12-15-103.**

**FOR OFFICE USE ONLY**

**Application No.:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**PLEASE SUBMIT ONE ORIGINAL AND ONE COPY OF THE  
COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.**

1. Name of Applicant: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address City State Zip

Facility Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

2. Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and subbasin where the facility will be located \_\_\_\_\_  
\_\_\_\_\_

3. Name of the owner(s) of the land where the facility will be operated \_\_\_\_\_

Mailing Address \_\_\_\_\_

(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).

4. Legal description of the location of the facility \_\_\_\_\_  
(quarter/quarter/quarter/section, township and range)
5. Name of recipient(s) of in lieu water. Attach list if necessary. \_\_\_\_\_
6. The maximum annual amount of water that may be stored at the facility \_\_\_\_\_
7. Proposed duration of permit \_\_\_\_\_
8. Registration number(s) and location of well(s) from which groundwater withdrawals will be curtailed.  
(if more than two wells, attach an additional page)
- |          |               |            |              |          |          |          |
|----------|---------------|------------|--------------|----------|----------|----------|
| 55-_____ | Township_____ | Range_____ | Section_____ | 1/4_____ | 1/4_____ | 1/4_____ |
| 55-_____ | Township_____ | Range_____ | Section_____ | 1/4_____ | 1/4_____ | 1/4_____ |
9. Please attach the following:
- A. A detailed plan for proving the amount of annual groundwater savings.
  - B. Plan of operation for the facility that: (1) Describes the facility in detail; (2) Demonstrates direct reduction or elimination of groundwater withdrawals resulting from the receipt of in lieu water; (3) Demonstrates that the substitute or in lieu water would not have been a reasonable alternative to the recipient without the project; (4) Demonstrates that the substitute or in lieu water was not delivered before 9/1/90; (5) Demonstrates that the substitute or in lieu water is the only reasonably available substitute for groundwater; (6) Describes the area of impact of the water storage.

I (We ), \_\_\_\_\_, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature of owner or authorized agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

STATE OF ARIZONA )

) ss.

County of \_\_\_\_\_ )

Revised 6/2010

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires: